

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee**RECEIVED**
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 OCT 19 PM 1:00

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Deb Fischer for US Senate

ADDRESS (number and street)

5555 South St, Ste. 200

Check if different
than previously
reported. (ACC)

Lincoln

NE

68506

2. FEC IDENTIFICATION NUMBER ▼

C C00498907

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
-
- REPORT

NEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
07 / 01 / 2013MM / DD / YYYY
01 / 01 / 2013MM / DD / YYYY
2013

through

MM / DD / YYYY
09 / 30 / 2013MM / DD / YYYY
30 / 01 / 2013MM / DD / YYYY
2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROBERT B. EVNEN

Signature of Treasurer

Robert B. Evnen

Date

MM / DD / YYYY
10 / 15 / 2013MM / DD / YYYY
15 / 10 / 2013MM / DD / YYYY
2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)